

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	CH		12-03-01
O.I.P.E. CLASSIFIER		49	12/14/01
FORMALITY REVIEW	TL	1111	12/17/01
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	1/1/01
2	1/2/01
3	1/3/01
4	1/4/01
5	1/5/01
6	1/6/01
7	1/7/01
8	1/8/01
9	1/9/01
10	1/10/01
11	1/11/01
12	1/12/01
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet hereS45  
17/01